



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: February 26, 2007

## ***BULLETIN***

This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

### ***Extra Help Application Denied for Missing Information***

Prescription Advantage requires eligible members to apply for Extra Help through Social Security. Utilizing information received from Medicare, Prescription Advantage has identified several members who did not provide Social Security with all the information needed to complete the application. As a result, those members' applications for Extra Help were denied.

The attached letter will be sent to these members to remind them of the requirement to apply for Extra Help. Members are also being given the opportunity to attest to having assets over the limit which makes them ineligible for Extra Help. In early April, if the member has not provided Prescription Advantage with a copy of a confirmation receipt and/or determination letter from Social Security, or the Verification of Resources form, a second reminder letter will be sent.

Eligible members that fail to resubmit an application to Social Security for Extra Help or attest to having assets over the limit will lose their Prescription Advantage benefits on April 30, 2007.



<Date>

<PA ID#>

<Member's Name>

<Address>

<City>, <State> <Zip>

Dear :

We recently tried to contact you by telephone but were unable, which is why you are receiving this letter. Please read it carefully because it concerns your Prescription Advantage benefits.

Our records show that you have applied for Extra Help, the low-income subsidy that Social Security administers in combination with Medicare Part D. By receiving Extra Help, you can reduce your prescription drug costs by lowering your Medicare drug plan's premium and co-payments.

Based on data received from Medicare about your Extra Help application, we learned that Social Security had requested additional information to complete the review of your application and make a determination. It appears you never complied with this request, so they denied your application for Extra Help.

As a Prescription Advantage member whose annual household income falls within guidelines, *we require that you apply for Extra Help* in order to continue receiving your benefits. You do not have to be approved for Extra Help to continue receiving your Prescription Advantage benefits, but you *must complete the entire application process*, including responding to any requests for additional information that you might receive from Social Security.

The next section explains what you need to do to protect your Prescription Advantage benefits. If you do not complete these requirements, **we will terminate your Prescription Advantage benefits effective April 30, 2007.**

## What You Need to Do to Protect Your Prescription Advantage Benefits

To protect your Prescription Advantage benefits, please do the following:

1. Reapply for Extra Help. You may reapply by any of the following methods:
  - Request an Extra Help application from Social Security Administration. Their contact information is:
    - 1-800-772-1213
    - 1-800-325-0778 (TTY)
    - on the web, [www.socialsecurity.gov](http://www.socialsecurity.gov)
  - Call Prescription Advantage Customer Service. We can help you reapply for Extra Help over the phone. Please call:
    - 1-800-AGE-INFO (1-800-243-4636)
    - 1-877-610-0241 (TTY, toll free)
2. If you receive a request for additional information from Social Security, *please respond to it promptly* and provide any information that they request.
3. Send us a copy of the determination letter that you receive from Social Security. This letter will tell you whether you have been approved or denied Extra Help. Send a copy to the following address:

Prescription Advantage  
Attn: Benefit Coordination Department  
P.O. Box 15153  
Worcester, MA 01606

### If You Think You Might be “Over Resources...”

If you think you might be “over Resources,” that is, your income and assets are too high making you ineligible for Extra Help, please complete the enclosed **Verification of Resources** form and return to the address listed above.

If you complete and submit this form to Prescription Advantage, you will not be required to apply for Extra Help and your Prescription Advantage benefits will continue without interruption.

If you have any questions about this letter or your Prescription Advantage benefits, please call Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

Deleted: 2/26/2007

## Verification of Resources:

Member Name:

Member ID:

If you believe that your resources exceed the eligibility requirements for Extra Help, please check the appropriate box below, sign the bottom of this page and mail this form to:

Prescription Advantage  
Attn: Benefit Coordination Department  
P.O. Box 15153  
Worcester, MA 01615-0153

---

If you are single, a widow(er) or your spouse does not live with you :

☐ I certify that my savings, investments and real estate (other than my home) are worth more than \$11,710.

If you are married and living with your spouse :

☐ I certify that our savings, investments and real estate (other than our home) are worth more than \$23,410.

Please include the things you own by yourself, with your spouse or with someone else. **Do not include your home, burial plots or personal possessions.**

---

### Signatures

I hereby certify, under the pains and penalties of perjury, that I have examined all the information on this form and that it is true, complete, and correct to the best of my knowledge and belief.

If you are acting on behalf of someone who is unable to complete this form because of a physical or mental condition, by signing this form, you are declaring that the information submitted and any accompanying or supplemental information is true, complete, and correct to the best of your knowledge and belief.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of member (or designee if the member is unable to complete this form)

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of member's spouse (or designee if the spouse is unable to complete this form)

Deleted: 2/26/2007